HOSPITAL SOCIAL SERVICE *

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A PROMINENT physician was recently invited by a man who is recognized the country over as an authority in his specialty, to join forces with him in his well-known clinic. The invitation was one which many a doctor would covet, but it was refused, to the great surprise of the specialist, who asked a reason. "Because," said the other, "you have no social workers and I would never attempt to work again without one." I think this reply voices the appreciation of all hospital men who have ever had the assistance of an efficient worker.

A young girl with chorea had long been attending a clinic without receiving any lasting benefit. A social worker was added to the clinic, and one of the first cases referred to her was this girl. The following was her illuminating report after investigation:

Name: Mary Jones. Age: 15 years. Diagnosis: Chorea.
Social History: Box factory worker. Hours of work: 9. Not employed for last month.
Home: Four-room tenement. Sanitary condition: fair. Bedroom ventilated with small air shaft. Gas stove used for heating and cooking. Lives with grandmother, brother and sister. Occupies bed with latter, who is restless, moans, throws off clothes, and walks in sleep. She and sister quarrel about these disturbances.
Grandmother nervous and irritable. Brother teases patient about her nervousness. Patient sensitive about going among people.
She seems slightly better since coming to clinic. Appetite good. Has stopped taking tea and coffee.
Cot provided for her. Family instructed as to importance of ignoring her nervous condition.
Later, Mary was sent to a convalescent home for four weeks. Has returned in almost normal health.
Sister has been persuaded to come to clinic also.

Would bromides or Fowler's solution have accomplished much in this case? And was not the physician's time and the dispensary's expense

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wasted for months on that girl, just because no one had the time to investigate the social hindrances to her improvement?

Most hospitals regard with pride their yearly records of "recoveries" and their financial showing. Has anybody ever told us how many of the recoveries did not stay "recovered" more than a week or a month? Have we ever studied the actual meaning of "discharged improved" or "discharged cured" which cover the pages of our big record books?

Have we kept track of re-admissions? Had we the Central Hospital Registry which Dr. Goldstein has so urgently advocated, we could then learn how soon after having "discharged cured; diagnosis, pneumonia" written on his bedside card, John Doe had a new card made out for him in ours or some other hospital, with the diagnosis tuberculosis—and all for want of an overcoat, perhaps, when he left the ward in the very early stage of his convalescence.

What becomes of Thomas Smith, the surgical case who was discharged as "improved," although still needing, perhaps, even only slight dressings, and who was told that he must return to the dispensary three times a week until his sluggish wound had completely healed. He had to go, for the wards were full, but he might as well have been told to go to the bottom of the river and come up three times a week for air. Tom Smith is a single man who lives in a furnished room when he works, but his troublesome hernia had made his earnings intermittent lately, and he didn't give up until he had to. Room rent was overdue when he finally came to the hospital.

What awaits him as he passes out of the hospital gate with the prescription, "Come back three times a week to be dressed"—that is, come back and wait in a line two hours, perhaps, for his turn to come in the crowded clinic? Even if he were able to work, what job could he get that would permit of practically three half-days' absences a week, and where is he to sleep and eat until his first pay day? The lodging house will take him for a night or two, true; but will the lodging-house sleep and meals build him up very fast? Here we have a vagrant in the making, for how can he help going from bad to worse?

Or, by and by we get him with an infected or tubercular wound. Nobody wants to see him come back to the hospital—he is not an interesting case now. The chances are that he will never earn again, and all for the lack of a comparatively trifling extra care and expense at a critical time.

I recall now one actual case of this sort among many others. The patient was a decent, hard-working young fellow. When he was discharged with the direction "Come every other day to be dressed," fortunately there was the Social Service office for him to turn to; he was sent to a convalescent home and otherwise assisted until he was well, for he was without funds, home, or friends in this country. This was three years ago. He promptly repaid his indebtedness, and frequently visits the office. He is very thrifty, is now married and has a home of his own, and is a good citizen. And this is not an isolated case in our experience.

The great awakening sense of social responsibility which is spreading over the world in these days has reached the hospitals and is creating a new order of things there. Now when the hospital, by medication, has relieved the cardiac's attack, for instance, it looks into his home conditions and the nature of his employment. If we find that his home is at the top of a tall tenement, we see the wife or mother before his return home, and persuade her to look for the lightest, airiest rooms she can find on the ground floor, and we shall not stop with that advice, but if she has not the means for moving we will help her to secure them.

We must see the case through to a practical conclusion, for again half measures are a sheer waste. If the patient's former employment requires great physical exertion, our duty is not fully done until we have seen him installed in more suitable work, and supplied with good living rations until he has gotten fairly to earning. We may not need to do all these things for him ourselves, but we must see that they get done. Finally, we should urge him to attend our weekly evening class for cardiacs, that we may continue our oversight of him.

Maladjustment to home conditions, monotony—perhaps of the all-work-and-no-play kind—worry, over-work, or lack of work, poor cooking or insufficient food, cheerless or unsanitary surroundings, hidden poverty, or unhygienic habits—often to help a patient to change some one of these conditions will be to touch the button that will entirely transform the sick person into a well and normal one.

But who is to uncover the needs and work out the solution of such problems as these? The busy doctor and ward nurse cannot possibly find the time for it, however great their desire to do so; and, besides, everybody's business becomes nobody's business.

Mr. Homer Folks, in a public address, gave the best definition of our subject I have ever heard, when he said, "Hospital Social Service is simply common-sense applied to getting the patients well."

If a sick man needs only milk, eggs and fresh air; if a woman with varicose veins needs elastic stockings to help her; if the typhoid needs convalescent care to save a relapse; then does not common-sense say,—for their own sakes, to save them from chronic invalidism; for the physician's sake, that his gift of time and skill may not be altogether futile; for the hospital's sake, that its money for treatment and expert service may not be absolutely wasted; and finally, for the community's sake, that it may be protected from the contagion of disease, and that as many of its members as possible be kept in a condition of industrial efficiency instead of dependency—then does not common-sense say that there should be supplied the link between the patient and the possible resources that will make the doctor's advice feasible and the hospital's care effective?

Such a link is the Hospital Social Service worker, and the after-care she gives the patient may most accurately be termed *Hospital Extension Work*. That link is not wholly supplied by visiting nursing, nor is it relief work pure and simple, but a combination of the two which has created a new vocation, that of Medico-Social Worker, with an enormous field spreading out before those who adopt it for their profession.

In asking financial support, and even in admitting their patients, do not hospitals tacitly guarantee to do everything possible to effect a cure? If, then, the medico-social clinic and social workers are positively needed to that end, is it not the hospital's plain duty to establish and maintain that department just as much as it now maintains its drug-store and its ward nurses, or its X-ray room?

And this duty is not accomplished when a hospital accepts such a service from some philanthropic organization—the closest co-operation there must be with all such—but to accomplish the best work the impulse and direction must come from within the hospital itself, from its medical staff, if possible, or from its superintendent.

It is a *therapeutic* undertaking and needs medical understanding for its direction and execution, and as such should be dignified by being made a department of the institution—otherwise such a service must fail of its highest achievement.

All are doubtless familiar with the recent history of this movement, especially with that connected with the Massachusetts General Hospital in Boston. Just when the very first organized effort was made by the hospitals themselves to give this extended care to their patients is a

mooted question, but on a recent visit to London I was surprised to find that the London Hospital in Whitechapel Road had been practising social service since 1791, when one of its physicians, Sir William Blizzard, formed a society to do just what we are doing to-day—only they did not call it Hospital Social Service. For the last twelve or fourteen years a nurse has been in charge of the work. She has now three assistants. They send convalescents to the country, and relieve the hindrance of social conditions for their patients, just as we are trying to do.

In America, since the issuance of the first report (for 1905) of the Massachusetts General Hospital (which report, by the way, is a classic on the subject and ought to be put into the hands of every worker, superintendent, or member of committee who contemplates taking up the work), great interest in the subject has been created, and forty or fifty hospitals have established the service.

Suppose we decide to establish such a department, some one may ask: How shall we go about it?

Each institution has to plan its own concrete scheme of work in accordance with the social status of its patients, and with reference to the efficiency or lack of the resources of its neighborhood. But there are definite aims which should be common to all Hospital Social Service, chief among which are these:

1. To aid the physician in his diagnosis and treatment by investigation and relief of social conditions.

2. To make available the philanthropic resources of the community, and to co-ordinate medical resources; for example, eye, orthopædic, dental clinics, etc., in restoring a patient to complete physical efficiency.

3. And not least in importance: To carry the educational influence of the hospital to the homes of the community.

It may be of interest to some to hear what organization has been found practical in a large city hospital like Bellevue. Inspired by the Massachusetts General, Dr. Armstrong, the then superintendent of Bellevue, with the approval of the Board of Trustees, established Social Service there in 1906. The salary of a nurse and a simple office equipment were provided by the hospital. Five months later an assistant was added.

At the end of eighteen months a strong advisory committee was formed to support and further the development of the service. This committee is made up of the representatives of the governing bodies of the hospital—the trustees, medical board, dispensary board, managers of

the training schools, the general medical superintendent of the hospital, the general superintendent of nurses, the chairman of special sub-committees, with the head worker as executive secretary.

Bellevue has a thousand patients, many of whom represent the extreme of poverty. Social Service there is a gigantic problem to attack. We have not attempted to take up dispensary work, except for the children and the tuberculous patients.

In organizing the practical work the first step was to visit all the larger charitable agencies to establish a personal relationship with them. Making rounds in wards acquainted the physicians and nurses with the undertaking, and in that way the first patients were found. Now, at the end of five years, we have a large staff of workers, including one for each of the three allied hospitals, and the work has dropped into its natural divisions with special workers giving their exclusive time to each.

For example, there is the general welfare division, and the tuberculosis, child welfare, psychopathic and Jewish divisions, with small special sub-committees for each. We hope this year to add a special worker for following up the maternity cases.

We have the fullest co-operation with everybody connected with the hospital, and that, in itself, is a keen pleasure. Our hands overflow with the number of cases referred to us daily, and the diversity of problems seems almost unlimited, calling for every resource we can command.

The following case illustrates some phases of the general work:

Two years ago a sick-looking woman came to the dispensary for treatment. The examining physician found her condition critical and told her that if she would save herself she must come into the hospital at once for an operation. She assured him that that was impossible, for she had six children at home whom she could not leave.

That was too much of a problem for the doctor to solve, so he gave her a note to the social service office to see what we could do about it. In the note he stated that in his opinion the woman had not long to live unless radical measures could be taken at once.

I can never forget the drawn face of that woman as she stood at our desk after this interview with the doctor. She said that her husband had been killed in a street accident the year before. Since then she had, by day's work and the help of the 15-year-old boy, barely kept the family together; but recently she had been less and less able to earn. What

she was going to do she didn't know, but of one thing she was sure—if she gave up and came to the hospital the younger children would have to go to institutions, and that she could not, *would* not consent to, for she could never get well with the thought of that in her mind. No, she would struggle a little longer—a suit was pending for damages because of her husband's death—she would wait and see.

We made her sit down and talk it all over. Soon a plan was evolved which allayed her fears, and infused her with new hope. We promised that not one of the children should be sent to an institution. There was an aunt who she thought might take care of the two younger ones. The eldest boy, who was of very steady habits, and the eldest girl of thirteen would be quite capable, with supervision, she thought, of looking after the others. A relief society agreed to pay the rent for as long a period as necessary, and we promised to send a woman for three half-days a week to oversee the housekeeping, while a nurse from our office should call often enough to make sure that all was going well. The mother entered the hospital the next day.

The operation confirmed the original diagnosis. She barely lived through it, but at the end of three weeks she left the ward and was taken to a convalescent home, where it took nearly a month to repair the starved body and nerves, but when she did return to her family she was indeed a new woman.

A year later, on one of her frequent visits to our office, she said she had not felt so well since she could remember. A few months ago the long-impending suit was settled for $50 a month for twenty months, so for the time, at least, the family is prosperous.

But for Bellevue having had Social Service workers, that woman would have gone home that clinic day and stayed there—and she would surely now be lying in Potter's Field, and our public institutions would be taking care of five orphan children.

There is a difference of opinion as to whether or not Social Service workers should have a relief fund of their own. We cannot see how efficient work can be done without an emergency fund. The case above cited is of the sort which justifies it. The society to which we applied helped with the rent; indeed they helped for a year, but stated that they could not send a woman in for the housekeeping. For us it was a comparatively small expense, and it helped another widowed mother who needed the work. Had we not had the money in hand much valuable time and effort, which rightfully belonged to other waiting

patients, would have been used in trying to find some one who would have given it, and what difference did it make in this case whether it came from our hand or from some other, since there was no question of both the immediate and ultimate good which it might accomplish.

Is there not great danger of pauperizing?—some one will ask. With common-sense at the helm, that fear is a bogy. Can it pauperize to bridge the crisis until earning time again, when one is on the edge of destitution? Indeed—*withholding adequate* help makes pauperization sure.

We all know there are two crimes which we workers may commit—we may demoralize the weak, or insult and crush the self-respecting. If we are unable to avoid either extreme, or if we cannot look beyond the temporary need to the need of removing the underlying cause, we are unfit to be social workers.

Tuberculosis work is now so well understood, we need only refer to it here. With us, the principle features, in addition to the ordinary clinic work and regular district visiting, are the Day Camp, which is an old ferry boat anchored in the East River just off the hospital grounds; the Intensive Class work, with small groups for home treatment; the Boys' Club, made up of boys from the families of tubercular patients; the Children's Garden in a corner of the hospital ground; the Mothers' Classes in Italian and German, held weekly by the supervising nurse, and the Weekly Evening Conferences for working men.

The assistance of social workers from the Free Synagogue, consisting of several devoted volunteers under the direction of Dr. Sidney Goldstein, has been of inestimable value to us. Not only do they take entire care of those whom, because of their language and temperament, it is hard for us to help understandingly, and therefore adequately, but they are always ready to take a cordial interest in the whole work of the bureau.

Each volunteer has assigned to her care the Jewish patients in certain wards. Every morning our registrar copies from the admission records the names of all such patients who have been admitted in the previous twenty-four hours, and when the workers come, as they do most faithfully on the three visiting afternoons of the week, they look over this list and each takes care of all in his or her ward who may need assistance. They also furnish their own funds for relief, at the same time working in close co-operation with the United Hebrew Charities.

In the Child-Welfare Work the sanitary conditions of the homes must be investigated, and mothers taught how to carry out the doctor's instructions, and if we have a large enough force to accomplish it, our *aim* will be not to lose sight of any child until it is made as physically normal as possible—that is, to persuade the mother to have imperfect teeth attended to at dental clinics, discharging ears treated, adenoids and tonsils attended to, and flat feet corrected, if possible. In short, to help the child to get started in life freed from every needless physical handicap.

In the Psychopathic division we have the most serious problems, and therefore the most intensive work is needed. Preventable insanity! How full of meaning is that phrase! Clinics may make the diagnosis and the prognosis, but who is going to give the poor, morbid, borderline case, who is not *yet* a "hospital case," the careful oversight that is needed to keep her from slipping over the edge? Who is going to provide the rest, the change of scene, or employment needed to save her, or where is the widely sympathetic friend who will instil into the discouraged brain the wholesome thought, "Happiness is a habit"—and help her to cultivate it?

Bellevue has a unique feature which few other hospitals have. Many sick prisoners in the city, including all attempted suicides, who are awaiting their preliminary trial before being committed to the city prison, are sent from the station houses to Bellevue, thus necessitating the maintenance of prison wards. Here is where the social worker finds plenty to do—for many a one in these wards is in deep need of a friend—and in approaching them we need to bear in mind Thackeray's words: "What right have you to be scornful whose virtue may be a deficiency of temptation, whose success may be a chance?"

To come back to the practical question of how to start the work: The first step, presupposing the salary to have been secured and the physicians ready for it, is to choose a worker—and here I cannot better express my own ideal of what a hospital social worker should be, than by quoting from an article by Dr. James Alexander Miller in the August, 1910, *Journal of Out Door Life*. He says:

"First, the woman herself. In order to make a success of Social Service, a woman must be endowed with more than the average ability, character, tact, energy and education. She must be quick-witted in emergencies, resourceful in difficulties, and persistent amid discouragements. As the personal touch with the individual is the main object to

be obtained, a deep human sympathy which will invite confidence is of course essential, but this must be sympathy untinged with sentimentality. Firmness there must be, but this must be combined with tenderness. In other words, we must have a *practical idealist* for this work. Such a woman as I have sketched is born, not made.

"Second, the nurse. A poor nurse will never make a good social worker, and conversely, every characteristic in a woman which makes her an efficient nurse will sooner or later find its proper expression in her social work."

He goes on to say, "I am not one of those who believe that it is an unnecessary luxury to secure a nurse for this work rather than simply a trained social worker without previous nursing training. The experience which comes from familiarity with the sick, the discipline of regular hospital work, the eye trained to observe, and the hand and mind to act quickly and skilfully, are all essentials to the highest kind of social service among the sick poor; but, nevertheless, it is not every good nurse who is fitted for social service work. The nursing qualities must be combined with the more purely womanly ones I have described, before it is safe for any one to hope that she would be successful in Social Service.

"Third, the social worker. For the woman splendidly endowed by nature, and for the nurse fully equipped by training, there is still need of special education before she can become the successful social worker."

Happy will be the hospital which succeeds in finding such a worker. Having found her, and provided her with office room, telephones, etc., she may safely be left to work out, with the physicians, the problems of her particular field.

The greatest difficulty she will meet with in many hospitals will be that of convincing those in authority of the need of an assistant when she knows that the time has come when it is imperative for good work that she should have one. I know of two hospitals where social work has been a failure because of this difficulty. The workers have given out under the strain of the cumulative care. An intelligent worker to stay in the office to answer telephones, see visitors, keep records, etc., would have saved the whole situation.

As the outgrowth of experience, it seems to me very important that those who are engaged in this work should have their residence away from the hospital. The work is so intensive, its fascinating interest so great, it will be likely to carry them far beyond their regular hours;

the responsibility of deciding the vital questions for her charges that arise each day puts an exceedingly severe strain upon the worker, which it will be hard for her to endure for any length of time unless she can get completely away from the hospital atmosphere at night—away from all temptation to "talk shop"—and into a place of more normal life wherein to regain her balance daily.

An extra holiday or two, now and then, is a very wise investment in the long run, and here is where those in authority need to do a little social service for their workers. It is unnecessary, and poor economy, to use up a good worker by long hours, just because tradition has fixed them for nurses.

In nearly all hospitals where Social Service is established, the office hours follow those of the Board of Health nurses and of established charities, *i.e.*, from 9 A.M. to 5 P.M., with Saturday afternoons, Sundays and holidays off duty. Salaries vary from $1500 to $900 a year.

The supply of expert workers is not nearly equal to the demand at present. It is to be hoped that training schools will remedy that situation soon by adding social work to their curriculum, or as an elective in an advanced course—for Social Service will soon be regarded as a fundamental feature of every up-to-date hospital.

As to methods of work, there is much discussion as to whether it should be done this way, or that way; but does not the criterion of success in anything lie in results, for surely results only justify methods. When you see the half-well made strong; the discouraged, down-and-out men or women raised through counsel, or material assistance, if need be, to working efficiency; homes that were tottering put back on a more permanent foundation; and the puny babies turned into fat, rosy ones, then you may be sure that your methods are pretty nearly right, that you are indeed applying *common-sense* to getting people well, and you can go ahead.

There will be failures, of course, for no receipt can be found for completely making over human nature, or of curing all ills; but it is astonishing what results a sincerely sympathetic spirit of helpfulness, coupled with sane judgment, can bring about.

A worker must be an optimist—must keep the well of inspiration full by thinking most of the ones whom she knows she has really helped; their number will be the greatest, if she is made of the right stuff, and if her service is a genuine personal one. There is no place for a pessimist in Hospital Social Service.

Workers will become dismayed, too, because they see so much to be done. And the little they can do, no matter how strenuously they strive, seems to be such a drop in the bucket compared with the overwhelming need. But if they will stop to think of the influence of that little upon Tom Jones, whose trend to the insane asylum they have helped to stop and of **what that meant** to his family, and, in concentric circles, to the community; and of what it meant to the immigrant, whose burden of black despair was completely lifted when he was made to understand that the steamship ticket found in his pocket would be redeemed for a later date. (It represented all his savings of years in a Montana mine, and was to have taken him back to his own kith and kin on the steamer which sailed last Saturday, had he not met with the accident which sent him to the hospital in the strange city Friday night.) Think what it meant to the would-be suicide, who had decided after days and days of weary, fruitless search for work that the world did not want him, but who, when he came to consciousness on a hospital cot, found a new friend who knew how to patch up the broken strands so the seam would scarcely be noticed, and who knew of a new pathway which would lead out into a larger life than he had ever known; and of what that little meant in the lives of the children, who would likely have been motherless to-day but for their efforts,—if workers will stop to think of a few achievements like these, their courage will return, for they will feel that any one of them was worth even months of labor. It required only a hand's turn from them, **and yet how heavily fraught** with consequences to the whole future lives of those concerned!

In the name of the thousands of patients whom this audience represents, I beg you to try the experiment of Social Service in your institutions. If it is not possible to get the Hospital Board to appropriate the salary, is there not some friend of the hospital who would furnish it for six months to demonstrate the value and need of such a department? If you get the right worker, and the right medical direction of the undertaking, there will be no doubt of its continuance. It will add something to your budget, but it will surely reduce your per capita cost to the community by preventing recurrent cases, and your bank account in the saving of human happiness will be a wonderful one.

OUTLINE OF THE WORK OF THE SOCIAL SERVICE BUREAU OF BELLEVUE AND ALLIED HOSPITALS, NEW YORK

EXECUTIVE COMMITTEE representing Hospital Board of Trustees, Department of Public Charities, Hospital Medical Board, Dispensary Medical Board, General Medical Superintendent, General Superintendent of Nurses, Board of Managers of Training School, New York City Visiting Committee, Chairmen of Sub-Committees, Executive Secretary.

ORGANIZATION.—Head Worker (Executive Secretary, Bellevue Hospital); Office Staff, Assistant, Registrar, Messenger.

PHASES OF WORK

PLACING IN CONVALESCENT HOMES: Securing admission; obtaining clothing; providing railroad fare; restoring afterwards to self-support.

PLACING IN PERMANENT HOMES: Incurables, defectives, epileptics, deaf-mutes, soldiers, aged.

PLACING IN REFORMATORY AND TEMPORARY HOMES.

HOME VISITS FOR INVESTIGATION.

SECURING TEMPORARY CARE FOR CHILDREN WHILE PARENTS ARE IN HOSPITAL.

CARING FOR THE TUBERCULOUS.

SECURING AID FOR DESTITUTE FAMILIES BY REFERENCE TO RELIEF SOCIETIES.

FOLLOW-UP WORK FOR CHILDREN: Instruction in home and individual hygiene.

CLASS WORK WITH CARDIACS.

AID TO EMPLOYMENT.

SECURING LEGAL AID.

SECURING SURGICAL APPLIANCES.

LOANS.

ACCOMPANYING TO: Homes, trains, court.

SENDING MESSAGES TO FRIENDS.

SECURING DENTAL TREATMENT.

INVESTIGATION FOR IDENTITY OF UNKNOWN.

CO-OPERATION WITH OTHER SOCIAL WORKERS REGARDING PATIENTS IN BELLEVUE IN WHOM THEY MAY BE ESPECIALLY INTERESTED.

GENERAL WELFARE DIVISION: Special Committee; two salaried workers.

TUBERCULOSIS DIVISION; Special Committee; eight salaried workers.

CHILD-WELFARE DIVISION: Special Committee; three salaried workers.

MATERNITY AND PEDIATRIC DIVISION: Special Committee; one salaried worker.

PSYCHOPATHIC DIVISION: Special Committee; one salaried worker.

JEWISH DIVISION: Special Committee; one salaried worker; volunteers.

ALLIED HOSPITALS

HARLEM HOSPITAL DIVISION: Special Committee; one salaried worker.

FORDHAM HOSPITAL DIVISION: Special Committee; one salaried worker.

GOUVERNEUR HOSPITAL DIVISION: Special Committee; one salaried worker.

AIMS

To aid the physician in his diagnosis and treatment by investigation and relief of social conditions and hindrances.

To make available to those who need assistance the philanthropic resources of the community.

To co-ordinate resources of special clinics; for example, Eye, Orthopedic, Dental, etc., in restoring patients to complete physical efficiency.

To carry the educational influence of the hospital to the homes of the community.

CLASSES OF PATIENTS

HOMELESS: Temporary care; employment; loans until pay day; referring to societies.

IMMIGRANTS: Reassuring through interpreter; communicating with friends; exchanging steamship tickets; securing assistance through consuls, etc.; accompanying to homes or friends.

BOYS: Advice; home correspondence; employment; preventive work.

CRIPPLED CHILDREN: Referring to Children's Aid Society for special schools; for conveyance to and from school and for country in summer; braces, etc.

DESERTED OR UNMARRIED MATERNITY CASES: Referring for employment with child; legal aid.

PRISONERS AND ATTEMPTED SUICIDES: Friendly interest; referring to probation officer; accompanying to court; assisting in readjustment to life.

ALCOHOLIC AND DRUG HABITUES: Counsel; referring for special treatment; after care.

NEURASTHENICS: change of environment; change of employment; friendly oversight and direction.

INSANE: Aid by investigation before committal; referring for after care.